09/832,863

PTO/SB/21 (09-04)
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TD ANIONUT OF		Application Number	09/832,863		X	
TRANSMITTALE AND FORM		Filing Date	April 12, 20	01		
(to be used for all correspondent after initial fills)		First Named Inventor	Arun Ahuja	Arun Ahuja, et al.		
		Art Unit	2154			
		Examiner Name	Patel, Asho	Patel, Ashokkumar B.		
Total Number of Pages in This Submission 5		Attorney Docket Num	ber CITI0219U	S		
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Amendment / Reply	Petition		Appeal C	ommunication to TC otice, Brief, Reply Brief)		
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Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/832,863 Application Number **FEE TRANSMITTAL** April 12, 2001 Filing Date for FY 2005 Arun Ahuja First Named Inventor Applicant claims small entity status. See 37 CFR 1.27 **Examiner Name** Patel, Ashhokumar 2154 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 1070

			All	orney Docket No.	CITI0219US		
METHOD OF PAYMEN	T (check	all that apply)					
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :							
☑ Deposit Account Deposit Account Number: Deposit Account Name:							
For the above-ide	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
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Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization	n on PTO-2	2038.	- 				
FEE CALCULATION							
1. BASIC FILING, SEA				OU FEER	EVARAIN	IATION FEES	
	FILING	FEES Small Entity	SEAR	CH FEES Small Entity		Small Entity	
Application Type	<u>Fee (\$</u>		<u>Fee(\$)</u>		<u>Fee(\$)</u>	Fee(\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FE	ES						Small Entity
Fee Description						<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues) 50 25							
Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180							180
Multiple dependent claims 360 180 Total Claims Extra Claims Fee(\$) Fee Paid (\$) Multiple Dependent Claims							
-20 or HP		X	= :	33 . 4.4		Fee (\$)	
HP = highest number of			- 20.				
Indep. Claims		Claims Fee(ee Paid (\$)			
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HP = highest number of	independe	nt claims paid for, if great	ter than 3.				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets				dditional 50 or f	raction there	of Fee (\$)	Fee Paid (\$)
	=			up to a whole nur			=
4. OTHER FEE(S)			_ '	-	·		Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Notice of Appeal and balance of Three Month Extension 1070					<u>1070</u>		

N	Registration No. (Attorney/Agent) 33,014	Telephone 202 508 5800
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.